

12/28/09 POC accepted
B. Cavanagh HFSITT

PRINTED: 10/27/2009
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN657HOS1	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2009
NAME OF PROVIDER OR SUPPLIER RENOWN REHABILITATION HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 555 GOULD ST RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of a State licensure complaint investigation conducted in your facility on 8/19/09 and finalized on 10/14/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00022837 was partially substantiated with a deficiency cited. See Tag S 300. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000		
S 300 SS=G	NAC 449.3622 Appropriate Care of Patient 1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.	S 300	Tag S300 Appropriate Care of Patient The Renown Rehabilitation Wound & Ostomy Center has undertaken the following measures to correct the deficiency substantiated in Complaint #NV00022837 on page 1 of 4 para 6. Monitoring for adherence to POC will be the responsibility of the Wound & Ostomy Center Manager and the Rehabilitation Hospital Inpatient Nurse Manager. Attachments supporting correction measures are noted in parenthesis after POC measures.	

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DEC 07 2009

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AND CERTIFICATION
CARSON CITY, NEVADA

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

6D7W11

If continuation sheet 1 of 4

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S 300	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review, policy review and staff interview, the facility failed to ensure that staff at the off site wound care clinic ensured that the physician was aware of a change in condition of a wound and the facility failed to ensure that dressing changes were done as ordered when admitted to the facility for rehabilitation for 1 of 3 patients (Patient #1).</p> <p>Findings include:</p> <p>Patient #1's start of care date at the wound care clinic was 3/26/09. He was admitted with diagnoses that included a right leg bypass graft and right groin and right lower extremity wounds.</p> <p>Record review revealed Patient #1 was discharged from the hospital on 3/24/09. A hospital discharge summary written on 3/24/09, revealed the patient's "wounds were healing well with excellent granulation tissues and no evidence of graft exposure." Review of a form titled "____ Wound & Ostomy Center Initial Evaluation" dated 3/28/09, revealed no evidence of graft exposure within the right lower leg wound.</p> <p>Review of Patient #1's records revealed he had multiple non healing incision wounds on his lower right leg. No evidence of graft exposure of the patient's right leg wounds was identified in the patient's progress notes. Review of the patient's "All Flowsheet Data" revealed that, on 4/6/09, Physical Therapy Assistant #1 wrote "adapic over vessel" beside the dressing comments area for the wound. On 4/8/09, the wound data flow sheet revealed no mention of an exposed vessel or graft. The flow sheet revealed that the</p>	S 300	<p>A) Reviewed and revised use of documentation tool utilized in EPIC EMR on 11/2/2009</p> <p>B) Reviewed CMS LCD for wound care 11/2/2009 (Tag S300 B.1)</p> <p>C) Reviewed Physical Therapy: Guide to Physical Therapist Practice (2nd ed.) for wound care practice (pp. 627-673) on 11/2/2009 (Tag S300 C.1.)</p> <p>D) Reviewed American Physical Therapy Association (APTA) article <i>Defensible Documentation</i> on 11/2/2009 (Tag S300 D.1)</p> <p>E) Developed Documentation Audit Tool modeled after APTA guidelines on 11/2/2009 (Tag S300 E.1)</p> <p>F) Implement retrospective chart audit to include 50 charts per month based upon recommendations per TJC by 12/7/09. (Tag S300 F.1)</p> <p>G) Reviewed results of chart audit in wound center bi-monthly staff meeting on 11/18/2009 (Tag S300 G.1)</p> <p>H) Review of chart documentation with APTA audit tool from first two weeks in November (Tag S300 E.1) indicated areas of opportunity for improvement specifically in the EPIC EMR. EPIC flow sheet audit results revealed documentation was not inclusive and comprehensive for thorough documentation of wound status (Refer to item I below).</p>		

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S 300	<p>Continued From page 2</p> <p>patient's VAC dressing was removed for a VAC break due to skin breakdown. On 4/8/09, Patient #1 was transferred to an acute care facility for surgery to repair the ruptured vessel.</p> <p>On 10/1/09, the patient's physician was interviewed. He reported the Wound and Ostomy Center never notified him of Patient #1's exposed graft within the wound. He stated he learned that the graft was exposed within the wound after it had ruptured and the patient required hospitalization and surgery to stop the bleeding. The physician reported that the exposed graft put the patient at high risk for rupture and bleeding. He stated that if he had been informed the graft's exposure he would have performed surgery on the patient to prevent rupture.</p> <p>On 10/12/09, Physical Therapy Assistant #1 was interviewed. She reported that she cared for Patient #1's wounds on 4/6/09. She reported that she placed Adaptic on the vessel (graft) wound "because it looked a little compromised." She said the area was not pulsating. She reported the vessel was initially covered in slough and that the wound slowly started to show a darkened area where the vessel was. She reported there was still slough covering the vessel when she put the Adaptic on it. She reported she did not call the physician to alert him to the vessel since she believed he saw the condition of the wound on 3/31/09..</p> <p>On 10/13/09, Physical Therapist #2 was interviewed. She reported that she saw Patient #1's wounds on 4/2/09 and 4/4/09. She reported that wound contained an area of slough that was rounded in shape and yellow. She said the slough did not look right, but the vessel (graft) could not be seen and no pulse was detected.</p>	S 300	<p>I) Modify EPIC EMR documentation tool to minimize use of flow sheet, address areas of opportunity identified in section H, and provide for comprehensive documentation with implementation of EPIC modification by 12/7/09. (Tag S300 I.1, I.2, I.3 and I.4)</p> <p>J) Concurrent chart audit tool developed with implementation by 12/7/2009 (Tag S300 J.1)</p> <p>K) Wounds with delayed healing or complications are identified by way of daily assessment; Physician will be notified immediately regarding unexpected/adverse wound issues and notification will be noted on the Physician Notification Log and kept on file for monitoring. Identified patients with wound issues will also be discussed in bi-monthly interdisciplinary rounds led by Wound Center Medical Director. (Tag S300 K.1 and K.2)</p> <p>L) Mandatory comprehensive remedial education for licensed Wound & Ostomy department staff will be completed by 1/07/10 to include the following: 1) Comprehensive skills assessment (Tag S300 L.1) 2) Review of most current policies pertaining to wound care and associated treatment: (Tag S300 L.2.a-g)</p>		

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S 300	<p>Continued From page 3</p> <p>She believed the physician was aware of the wound's appearance from his 3/31/09 examination of the wound. She reported that she was suspicious that a vessel might be present under the slough.</p> <p>On 10/13/09, Physical Therapist #1 was interviewed. She reported that she observed that the wound contained an exposed pulsating vessel (graft) on 4/8/09. She reported that she did not call the physician since she believed he was aware of the vessel's exposure. She believed the exposed pulsating vessel was present for several treatments, but was unable to provide evidence of her claim.</p> <p>Review of Renown Regional Medical Center Policy and Procedure entitled "Wound Care" current version effective date 9/2/09 revealed that physicians were to be notified of vascular compromise.</p> <p>Review of the record and staff interview at the inpatient rehabilitation facility failed to reveal evidence that dressing changes were done three times a day on 6/12/09, 6/13/09, 6/15/09 and 6/16/09 in accordance with the physician's order for Patient #1.</p> <p>Severity: 3 Scope: 1</p>	S 300	<p>L.2.a) Compression Bandaging (policy in process of development)</p> <p>L.2.b) Electrical Stimulation</p> <p>L.2.c) Pulsed Lavage</p> <p>L.2.d) Lymphedema</p> <p>L.2.e) Ankle Brachial Index</p> <p>L.2.f) Negative Pressure Wound Therapy</p> <p>L.2.g) Wound Care Documentation: Regional.CID.452</p> <p>3) Review of most current policies pertaining to wound care assessment and interdisciplinary communication was completed on 11/9/2009(Tag S300 L.3.a; Tag S300 L.3.b.)</p> <p>M. Wound Care Competency will be performed upon hire of staff and annually thereafter in conjunction with staff performance evaluation due date.</p> <p>1) Initial Competency Clinician (Tag S300 M.1.)</p> <p>2) Initial Competency Tech (Tag S300 M.2.)</p> <p>3) Annual Competency Clinician (Tag S300 M.3.)</p> <p>4) Annual Competency Tech (Tag S300 M.4.)</p> <p>5) Lymphedema Competency (Tag S300 M.5.)</p> <p>6) Ostomy Competency (Tag S300 M.6.)</p>		

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